

Shigellosis

FACT SHEET

What is shigellosis?

Shigellosis is an infectious disease caused by a group of bacteria called *Shigella*. Most who are infected with *Shigella* develop diarrhea, fever, and stomach cramps starting a day or two after they are exposed to the bacterium. The diarrhea is often bloody. Shigellosis usually resolves in 5 to 7 days. In some persons, especially young children and the elderly, the diarrhea can be so severe that the patient needs to be hospitalized. A severe infection with high fever may also be associated with seizures in children less than 2 years old. Some persons who are infected may have no symptoms at all, but may still pass the *Shigella* bacteria to others.

What sort of germ is *Shigella*?

The *Shigella* germ is actually a family of bacteria that can cause diarrhea in humans. They are microscopic living creatures that pass from person to person. *Shigella* was discovered over 100 years ago by a Japanese scientist named Shiga, for whom they are named. There are several different kinds of *Shigella* bacteria: *Shigella sonnei*, also known as "group D" *Shigella*, accounts for over two-thirds of the shigellosis in the United States. A second type, *Shigella flexneri*, or "group B" *Shigella*, accounts for almost all of the rest. Other types of *Shigella* are rare in this country, though they continue to be important causes of disease in the developing world. One type found in the developing world, *Shigella dysenteriae* type 1, causes deadly epidemics there.

How can *Shigella* infections be diagnosed?

Many different kinds of diseases can cause diarrhea and bloody diarrhea, and the treatment depends on which germ is causing the diarrhea. Determining that *Shigella* is the cause of the illness depends on laboratory tests that identify *Shigella* in the stools or rectal swabs containing stool of an infected person. These tests are sometimes not performed unless the laboratory is instructed specifically to look for the organism. The laboratory can also do special tests to tell which type of *Shigella* the person has and which antibiotics, if any, would be best to treat it.

How can *Shigella* infections be treated?

Shigellosis can usually be treated with antibiotics. The antibiotics commonly used for treatment are ampicillin, trimethoprim/sulfamethoxazole (also known as Bactrim® or Septra®), nalidixic acid, or ciprofloxacin. Ciprofloxacin and Ofloxacin are not recommended for use for persons younger than 18 years of age except in exceptional circumstances. Antimicrobial therapy should be administered for 5 days. Appropriate treatment kills the *Shigella* bacteria that might be present in the patient's stools, and shortens the illness. Unfortunately, some *Shigella* bacteria have become resistant to antibiotics and using antibiotics to treat shigellosis can actually make the germs more resistant in the future. Persons with mild infections will usually recover quickly without antibiotic treatment. Therefore, when many persons in a community are affected by shigellosis, antibiotics are sometimes used selectively to treat only the more severe cases. Antidiarrheal agents such as loperamide (Imodium®) or diphenoxylate with atropine (Lomotil®) are likely to make the illness worse and should be avoided.

Are there long-term consequences to a *Shigella* infection?

Persons with diarrhea usually recover completely, although it may be several months before their bowel habits are entirely normal. About 3% of persons who are infected with one type of *Shigella*, *Shigella flexneri*, will later develop pains in their joints, irritation of the eyes, and painful urination. This is called Reiter's syndrome. It can last for months or years, and can lead to chronic arthritis, which is difficult to treat. Reiter's syndrome is caused by a reaction to *Shigella* infection that happens only in people who are genetically predisposed to it.

Once someone has had shigellosis, they are not likely to get infected with that specific type again for at least several years. However, they can still get infected with other types of *Shigella*.

How do people catch *Shigella*?

The *Shigella* bacteria pass from one infected person to the next. *Shigella* are present in the diarrheal stools of infected persons while they are sick and for a week or two afterwards. Most *Shigella* infections are the result of the bacterium passing from stools or soiled fingers of one person to the mouth of another person. This happens when basic hygiene and handwashing habits are inadequate. It is particularly likely to occur among toddlers who are not fully toilet-trained. Family members and playmates of such children are at high risk of becoming infected. Incubation period varies from 1 to 7 days, usually 2 to 4 days.

Shigella infections may be acquired from eating contaminated food. Contaminated food may look and smell normal. Food may become contaminated by infected food handlers who forget to wash their hands with soap after using the bathroom. Vegetables can become contaminated if they are harvested from a field with sewage in it. Flies can breed in infected feces and then contaminate food. *Shigella* infections can also be acquired by drinking or swimming in contaminated water. Water may become contaminated if sewage runs into it, or if someone with shigellosis swims in it. Anal intercourse is another mode of transmission.

What can a person do to prevent this illness?

There is no vaccine to prevent shigellosis. However, the spread of *Shigella* from an infected person to other persons can be stopped by frequent and careful handwashing with soap. Frequent and careful handwashing is important among all age groups. Frequent, supervised handwashing of all children should be followed in day care centers and in homes with children who are not completely toilet-trained (including children in diapers). When possible, young children with a *Shigella* infection who are still in diapers should not be in contact with uninfected children. People who have shigellosis should not prepare food or pour water for others until they have been shown to no longer be carrying the *Shigella* bacterium.

If a child in diapers has shigellosis, everyone who changes the child's diapers should be sure the diapers are disposed of properly in a closed-lid garbage can, and should wash his or her hands carefully with soap and warm water immediately after changing the diapers. After use, the diaper changing area should be wiped down with a disinfectant such as household bleach, Lysol® or bactericidal wipes.

Basic food safety precautions and regular drinking water treatment prevents shigellosis. At swimming beaches, having enough bathrooms near the swimming area helps keep the water from becoming contaminated.

Simple precautions taken while traveling to the developing world can prevent getting shigellosis. Drinks only treated or boiled water, and eat only cooked hot foods or fruits you peel yourself.

The same precautions prevent traveler's diarrhea in general.

How common is shigellosis?

Every year, about 18,000 cases of shigellosis are reported in the United States. Because many milder cases are not diagnosed or reported, the actual number of infections may be twenty times greater. Shigellosis is particularly common and causes recurrent problems in settings where hygiene is poor and can sometimes sweep through entire communities. Shigellosis is more common in summer than winter. Children, especially toddlers aged 2 to 4, are the most likely to get shigellosis. Many cases are related to the spread of illness in child-care settings, and many more are the result of the spread of the illness in families with small children.

In the developing world, shigellosis is far more common and is present in most communities most of the time.

What else can be done to prevent shigellosis?

It is important for the public health department to know about cases of shigellosis. It is important for clinical laboratories to send isolates of *Shigella* to the City, County or State Public Health Laboratory so the specific type can be determined and compared to other *Shigella*. If many cases occur at the same time, it may mean that a restaurant, food or water supply has a problem, which needs correction by the public health department. If a number of cases occur in a day-care center, the public health department may need to coordinate efforts to improve handwashing among the staff, children, and their families. When a community-wide outbreak occurs, a community-wide approach to promote handwashing and basic hygiene among children can stop the outbreak. Improvements in hygiene for vegetables and fruit picking and packing may prevent shigellosis caused by contaminated produce.

Some prevention steps occur everyday, without you thinking about it. Making municipal water supplies safe and treating sewage are highly effective prevention measures that have been in place for many years.

What is the government doing about shigellosis?

The Centers for Disease Control and Prevention (CDC) monitors the frequency of *Shigella* infections in the country, and assists local and state health departments to investigate outbreaks, determine means of transmission and devise control measures. CDC also conducts research to better understand how to identify and treat shigellosis. The Food and Drug Administration inspects imported foods, and promotes better food preparation techniques in restaurants and food processing plants. The Environmental Protection Agency regulates and monitors the safety of our drinking water supplies. The government has also maintained active research into the development of a *Shigella* vaccine.

How can I learn more about this and other public health problems?

You can discuss any medical concerns you may have with your doctor or other health care provider. Your local city or county health department can provide more information about this and other public health problems that are occurring in your area. General information about the public health of the nation is published every week in the "Morbidity and Mortality Weekly Report", by the CDC in Atlanta, GA. Epidemiologists in your local and State Health Departments are tracking a number of important public health problems, investigating special problems that arise, and helping to prevent them from occurring in the first place, or from spreading if they do occur.

Some tips for preventing the spread of shigellosis:

Wash hands with soap carefully and frequently, especially after going to the bathroom, after changing diapers, and before preparing foods or beverages

Dispose of soiled diapers properly

Disinfect diaper changing areas after using them

Keep children with diarrhea out of child care settings

Supervise handwashing of toddlers and small children after they use the toilet

Persons with diarrheal illness should not prepare food for others

If you are traveling to the developing world, "boil it, cook it, peel it, or forget it" avoid drinking pool water. For more information on this visit:

<http://www.cdc.gov/ncidod/dpd/highlight2/index.htm> (25 July 2003)

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